Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04/16/2010</u>	Address:	1940 N. 9 th St.
Case #:	<u>32F30486</u>		Terre Haute, IN
County:	Vigo		<u>47804</u>
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel	
	cal/Glassware/Equipment (only) ite (only)	Outbuilding Vehicle	☐ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): \			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Outbuilding			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Outbuilding			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
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Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ection Service: Vigo CPS	Fax: <u>812-2</u> Fax: <u>812-2</u> Fax: <u>812-2</u>	234-1010
For further information regarding this methamphetamine laboratory, contact Investigating Officer: J. Kempf/ 7922 Phone (812)299-1151			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.